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Bib Data Sheet

SERIAL NUMBER 10/035,389	FILING DATE 12/28/2001  RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. PERCUS.113A
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## APPLICANTS

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*OK mah.*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/537,471 03/24/2000 PAT 6,454,741  
 which is a CON of 09/049,857 03/27/1998 PAT 6,135,991  
 which is a CIP of 08/813,807 03/06/1997 ABN  
 and is a CIP of 09/049,712 03/27/1998 PAT 6,544,276  
 which is a CIP of 08/975,723 11/20/1997 PAT 6,050,972  
 which is a CIP of 08/812,139 03/06/1997 ABN  
 which is a CIP of 08/650,464 05/20/1996 ABN  
 and is a CIP of 09/438,030 11/10/1999 PAT 6,652,480  
 and is a CIP of 09/270,150 03/16/1999 ABN  
 which is a CIP of 08/933,816 09/19/1997 ABN  
 which is a CIP of 08/813,810 03/06/1997 ABN  
 and is a CIP of 09/837,872 04/17/2001 ABN  
 which is a CON of 09/415,607 10/08/1999 PAT 6,217,567  
 which is a CON of 08/812,876 03/06/1997 PAT 6,068,623  
 and is a CON of 09/314,054 05/18/1999  
 which is a CON of 08/812,570 03/06/1997 PAT 6,022,336  
 which is a CIP of 08/650,464 05/20/1996 ABN

*OK mah.*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE mah.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/13/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Mah. mah.</i> Examiner's Signature Initials	CA	14	476	52

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## TITLE

Methods and apparatuses for drug delivery to an intravascular occlusion

<p>FILING FEE  RECEIVED 1394</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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